



7014 Beaver Dam Rd
Levittown, PA 19057
#215-949-1550

Warranty Claim Form

Contactor information:

Company Name: _____
Company Address: _____
City/State/Zip: _____
Contact name and Phone#: _____

Homeowner/End User Information:

Name: _____
Address: _____
City/State/Zip: _____

Proof of homeownership, dating back to original install, may be required depending on manufacturer.

Equipment warranty:

Unit model #: _____
Unit serial #: _____
Date of install: _____ Date of Failure: _____
Replacement model #: _____
Replacement serial #: _____
Reason for failure: _____

Part warranty:

Unit model #: _____
Unit serial #: _____
Date of install: _____ Date of failure: _____
Defective part #: _____
Replacement part #: _____
Reason for failure: _____

Coil warranty:

Unit model #: _____
Unit serial #: _____
Date of install: _____ Date of failure: _____
Defective coil model #: _____
Defective coil serial #: _____
Replacement coil model #: _____
Replacement coil serial #: _____
Reason for failure: _____

**All information must be completed prior to Avco reviewing claim.
Credit will not be issued until Avco receives credit from vendor.**